

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)**USE FEC MAILING LABEL
OR TYPE OR PRINT**Example: If typing, type
over the lines

South Dakota State Medical Association Political Action Committee (SDSMAPAC)

ADDRESS (number and street)

2600 W. 49th St.



Ste. 200

☐Check if different
than previously
reported. (ACC)

Sioux Falls

SD

57105

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00005132

3. IS THIS
REPORT☒NEW
(N)**OR**☐AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15
Quarterly Report(Q1)☐July 15
Quarterly Report(Q2)☐October 15
Quarterly Report(Q3)☒January 31
Quarterly Report(YE)☐July 31 Mid-Year
Report(Non-election
Year Only) (MY)☐Termination Report
(TER)(b) Monthly
Report
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)
(Non-Election
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)
(Non-Election
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the
State of(d) 30-Day
Post-Election
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the
State of

5. Covering Period

07

01

2009

through

12

31

2009

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Mrs. Barb Smith

Signature of Treasurer

Electronically Filed by Mrs. Barb Smith

Date

01

29

2010

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office
Use
Only**FEC FORM 3X**
(Rev. 12/2004)

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

2 / 13

Write or Type Committee Name

South Dakota State Medical Association Political Action Committee (SDSMAPAC)

Report Covering the Period:

From:

M M
0 7D D
0 1Y Y Y Y
2 0 0 9

To:

M M
1 2D D
3 1Y Y Y Y
2 0 0 9

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 2009		17476.94
(b) Cash on Hand at Beginning of Reporting Period	38130.52	
(c) Total Receipts (from Line 19)	9805.00	33505.00
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	47935.52	50981.94
7. Total Disbursements (from Line 31)	4575.00	7621.42
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	43360.52	43360.52
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☐ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004)

3 / 13

Write or Type Committee Name

South Dakota State Medical Association Political Action Committee (SDSMAPAC)

Report Covering the Period:

From:

M	M	D	D	Y	Y	W	Y
0	7	0	1	2	0	0	9

To:

M	M	D	D	Y	Y	Y	Y
1	2	3	1	2	0	0	9

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	4350.00	12600.00
(ii) Unitemized	5455.00	20905.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	9805.00	33505.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	9805.00	33505.00
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	9805.00	33505.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	9805.00	33505.00

DETAILED SUMMARY PAGE

of Disbursements

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FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:			
(a) Shared Federal/Non-Federal Activity (from Schedule H4)			
(i) Federal Share.....	0.00	0.00	
(ii) Non-Federal Share.....	0.00	0.00	
(b) Other Federal Operating Expenditures.....	0.00	0.00	
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➤	0.00	0.00	
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00	
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00	
24. Independent Expenditure (use Schedule E)	0.00	0.00	
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00	
26. Loan Repayments Made.....	0.00	0.00	
27. Loans Made.....	0.00	0.00	
28. Refunds of Contributions To:			
(a) Individuals/Persons Other Than Political Committees	0.00	0.00	
(b) Political Party Committees	0.00	0.00	
(c) Other Political Committees (such as PACs)	0.00	0.00	
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00	
29. Other Disbursements.....	4575.00	7621.42	
30. Federal Election Activity (2 U.S.C 431(20))			
(a) Shared Federal Election Activity (from Schedule H6)			
(i) Federal Share	0.00	0.00	
(ii) "Levin" Share	0.00	0.00	
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00	
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00	
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	4575.00	7621.42	
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	4575.00	7621.42	

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	9805.00	33505.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	9805.00	33505.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 13

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

South Dakota State Medical Association Political Action Committee (SDSMAPAC)

A.

Full Name (Last, First, Middle Initial)

Robert Allison

Mailing Address 916 Woodridge Road

City

Pierre

State

SD

Zip Code

57501-2366

FEC ID number of contributing
federal political committee.

C

Name of Employer
Medical Associates Clinic

Occupation

Medical Doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.8726

Amount of Each Receipt this Period

150.00

contribution to non feder-
al candidate

B.

Full Name (Last, First, Middle Initial)

Dr. E. Paul Amundson

Mailing Address 4917 Sunflower Trail

City

Sioux Falls

State

SD

Zip Code

57108

FEC ID number of contributing
federal political committee.

C

Name of Employer
Family Practice Physicians

Occupation

Medical Doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 0 2 / 2 0 0 9

Transaction ID: SA11AI.8657

Amount of Each Receipt this Period

250.00

Contribution to non-Feder-
al Candidate

C.

Full Name (Last, First, Middle Initial)

Dr. Maria Bell

Mailing Address 5221 S. Sweetbriar Ct.

City

Sioux Falls

State

SD

Zip Code

57108

FEC ID number of contributing
federal political committee.

C

Name of Employer
OB/GYN, Ltd.

Occupation

Medical Doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.8716

Amount of Each Receipt this Period

250.00

contribution to non feder-
al candidate

SUBTOTAL of Receipts This Page (optional)

650.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 13

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

South Dakota State Medical Association Political Action Committee (SDSMAPAC)

A.

Full Name (Last, First, Middle Initial)

Dr. William Fuller

Mailing Address RR 1
Box 76

City State Zip Code
Hartford SD 57033

FEC ID number of contributing
federal political committee.

C

Name of Employer
University Physicians/Psy-
chiatry Assoc

Occupation
Medical Doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.8719

Amount of Each Receipt this Period

200.00

contribution to non feder-
al candidate

B.

Full Name (Last, First, Middle Initial)

Dr. Daniel J. Heinemann

Mailing Address 48293 Arrowhead Pl

City State Zip Code
Canton SD 57013-5868

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation
Medical Doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.8718

Amount of Each Receipt this Period

175.00

contribution to non feder-
al candidate

C.

Full Name (Last, First, Middle Initial)

Dr. Robert Hohm

Mailing Address 4948 Dakota Ave., S.

City State Zip Code
Huron SD 57350

FEC ID number of contributing
federal political committee.

C

Name of Employer
Tschetter-Hohm Clinic, PC

Occupation
Medical Doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 8 / 2 0 0 9

Transaction ID: SA11AI.8721

Amount of Each Receipt this Period

150.00

contribution to non feder-
al candidate

SUBTOTAL of Receipts This Page (optional)

525.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 13

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

South Dakota State Medical Association Political Action Committee (SDSMAPAC)

A.

Full Name (Last, First, Middle Initial)

Joanie Holm

Mailing Address 724 Fifth St.

City

Brookings

State

SD

Zip Code

57006-2101

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Medical Doctor's spouse

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 9 / 2 0 0 9

Transaction ID: SA11AI.8707

Amount of Each Receipt this Period

250.00

contribution to non-feder-
al candidate

B.

Full Name (Last, First, Middle Initial)

Dr. Richard Holm

Mailing Address 724 Fifth St.

City

Brookings

State

SD

Zip Code

57006-2101

FEC ID number of contributing
federal political committee.

C

Name of Employer
Brookings Medical Clinic

Occupation

Medical Doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 9 / 2 0 0 9

Transaction ID: SA11AI.8706

Amount of Each Receipt this Period

250.00

contribution to non feder-
al candidate

C.

Full Name (Last, First, Middle Initial)

Dr. Roger Knutsen

Mailing Address 1518 Forest Drive

City

Rapid City

State

SD

Zip Code

57701-4448

FEC ID number of contributing
federal political committee.

C

Name of Employer
West River Dermatology,
PC

Occupation

Medical Doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 0 / 2 0 0 9

Transaction ID: SA11AI.8701

Amount of Each Receipt this Period

175.00

contribution to non-feder-
al candidate

SUBTOTAL of Receipts This Page (optional)

675.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 13

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

South Dakota State Medical Association Political Action Committee (SDSMAPAC)

A.

Full Name (Last, First, Middle Initial)

Dr. Christiane Maroun

Mailing Address 1411 Augusta Ave.

City

Mitchell

State

SD

Zip Code

57301-5023

FEC ID number of contributing
federal political committee.

C

Name of Employer
Pediatrics Plus

Occupation

Medical Doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	6	/	2	0	9	

Transaction ID: SA11AI.8725

Amount of Each Receipt this Period

250.00

contribution to non feder-
al candidate**B.**

Full Name (Last, First, Middle Initial)

Jennifer K. May, MD

Mailing Address PO Box 6850
7220 S. Hwy 16

City

Rapid City

State

SD

Zip Code

57709-6850

FEC ID number of contributing
federal political committee.

C

Name of Employer
Black Hills Orthopedic &
Spine

Occupation

Medical Doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	0	8	/	2	0	9	

Transaction ID: SA11AI.8687

Amount of Each Receipt this Period

250.00

contribution to non-fed
candidate**C.**

Full Name (Last, First, Middle Initial)

Stephan J Miller, MD

Mailing Address 3809 Ponderosa Ct

City

State

Zip Code

57702-6964

FEC ID number of contributing
federal political committee.

C

Name of Employer
Rapid City Regional Hospi-
tal/E

Occupation

Medical Doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	2	9	/	2	0	9	

Transaction ID: SA11AI.8689

Amount of Each Receipt this Period

250.00

contribution to non-fed
candidate

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 13

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

South Dakota State Medical Association Political Action Committee (SDSMAPAC)

A.

Full Name (Last, First, Middle Initial)

Eric Parry

Mailing Address 1622 S 5th Ave

City

Sioux Falls

State

SD

Zip Code

57105-2006

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 4 / 2 0 0 9

Transaction ID: SA11AI.8681

Amount of Each Receipt this Period

250.00

Contribution to non-feder-
al candidate

B.

Full Name (Last, First, Middle Initial)

Delf Schmidt-Grimminger

Mailing Address 21 S Riverview Hts

City

Sioux Falls

State

SD

Zip Code

57105-0260

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.8717

Amount of Each Receipt this Period

250.00

contribution to non feder-
al candidate

C.

Full Name (Last, First, Middle Initial)

Jodi L. Scott, MD

Mailing Address 1622 S 5th Ave

City

Sioux Falls

State

SD

Zip Code

57105-2006

FEC ID number of contributing
federal political committee.

C

Name of Employer
Avera Women's

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 4 / 2 0 0 9

Transaction ID: SA11AI.8679

Amount of Each Receipt this Period

250.00

Contribution to non-feder-
al candidate

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 13

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

South Dakota State Medical Association Political Action Committee (SDSMAPAC)

A.

Full Name (Last, First, Middle Initial)

Dr. Raed Sulaiman

Mailing Address 1411 Augusta Ave.

City

Mitchell

State

SD

Zip Code

57301-5023

FEC ID number of contributing
federal political committee.

C

Name of Employer
Physicians Laboratory, Lt-
d.

Occupation

Medical Doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 2 1 / 2 0 0 9

Transaction ID: SA11AI.8709

Amount of Each Receipt this Period

250.00

contribution to non feder-
al candidate

B.

Full Name (Last, First, Middle Initial)

Dr. Raed Sulaiman

Mailing Address 1411 Augusta Ave.

City

Mitchell

State

SD

Zip Code

57301-5023

FEC ID number of contributing
federal political committee.

C

Name of Employer
Physicians Laboratory, Lt-
d.

Occupation

Medical Doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.8724

Amount of Each Receipt this Period

250.00

contribution to non feder-
al candidate

C.

Full Name (Last, First, Middle Initial)

Dr. Daniel G Tynan

Mailing Address 26605 Tucker Dr

City

Brandon

State

SD

Zip Code

57005-7209

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Medical Doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 8 / 2 0 0 9

Transaction ID: SA11AI.8685

Amount of Each Receipt this Period

250.00

contribution to non-feder-
al candidate

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 13

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

South Dakota State Medical Association Political Action Committee (SDSMAPAC)

A.

Full Name (Last, First, Middle Initial)

Mrs. Mary Tynan

Mailing Address 26605 Tucker Dr

City

Brandon

State

SD

Zip Code

57005-7209

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Medical doctor's spouse

Receipt For:

☐
☐

Primary

☐

General

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	8		2	0	0	9

Transaction ID: SA11AI.8686

Amount of Each Receipt this Period

250.00

contribution to non-feder-
al candidate

SUBTOTAL of Receipts This Page (optional)

250.00

TOTAL This Period (last page this line number only)

4350.00

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 13 / 13

☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☒ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

South Dakota State Medical Association Political Action Committee (SDSMAPAC)

<p>A.</p> <p>Full Name (Last, First, Middle Initial) SDSMAPAC Education Fund</p> <p>Mailing Address 2600 W. 49th St. Ste. 200</p> <p>City Sioux Falls State SD Zip Code 57105-6575</p> <p>Purpose of Disbursement Transfer to pay operating expenses</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB29.8729</p> <p>Date of Disbursement 09 / 30 / 2009</p> <p>Amount of Each Disbursement this Period 3200.00</p> <p>Category/ Type</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) SDSMAPAC Education Fund</p> <p>Mailing Address 2600 W. 49th St. Ste. 200</p> <p>City Sioux Falls State SD Zip Code 57105-6575</p> <p>Purpose of Disbursement Transfer to pay operating expenses</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB29.8730</p> <p>Date of Disbursement 11 / 02 / 2009</p> <p>Amount of Each Disbursement this Period 750.00</p> <p>Category/ Type</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) SDSMAPAC Education Fund</p> <p>Mailing Address 2600 W. 49th St. Ste. 200</p> <p>City Sioux Falls State SD Zip Code 57105-6575</p> <p>Purpose of Disbursement Transfer to pay operating expenses</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB29.8731</p> <p>Date of Disbursement 12 / 01 / 2009</p> <p>Amount of Each Disbursement this Period 625.00</p> <p>Category/ Type</p>

SUBTOTAL of Disbursements This Page (optional)

4575.00

TOTAL This Period (last page this line number only)

4575.00